VOL. XXXVIII No. 3

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

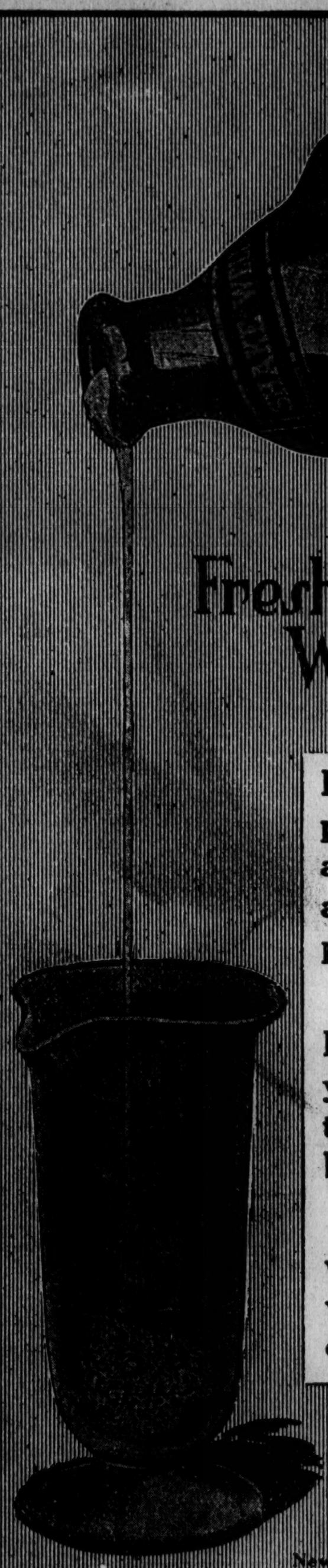
MARCH, 1917

O. C. WELBOURN, A. M., M. D., Editor

DEVOTED TO THE
DEVELOPMENT AND WELFARE OF ECLECTIC MEDICINE ON THE PACIFIC COAST

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

"ENTERED AS SECOND-CLASS MATTER JAN. 23, 1909, AT THE POST OFFICE AT LOS ANGELES, CALIFORNIA UNDER ACT OF MARCH 3, 1879."



Fresh Ferrous Carbonate With Every Dose

Lilly's Liquid Blaud contains the component parts of Blaud's Mass which react to form ferrous carbonate each time a dose is mixed with water. Thus the patient gets fresh iron salt each time.

Send for test ampoules of Lilly's Liquid Blaud and demonstrate for yourself how to insure best results from the administration of fresh iron carbonate in its most assimilable form.

Lilly's Liquid Blaud is supplied Plain; with Arsenic; with Strychnine; and with Arsenic and Strychnine in four-ounce bottles only.

Supplied through the drug trade.

ELI LILLY & COMPANY

Home Office—Indianapolis, U. S. A.

New York Chicago St. Louis Kansas City New Orleans

LIBRADOL

(A Plasma.) Each label on the four-ounce jar is attached at the ends only. When a full jar is prescribed the prescription label beneath can be used by the physician for directions.

In Respiratory Lesions

In the accute stage, sthenia, of respiratory affections of either the larynx, (croup), or of the trachea, bronchi, pleura or lungs, there is a sense of constriction, anxiety and pain. To relieve this sense of constriction, produce relaxation, and overcome the pain, we have in Libradol an ideal local remedy.

In the early stages of La Grippe, with the irritable trachea and bronchi, tracheo-bronchitis, attended by the hard dry cough, pain and constriction, Libradol relieves in an almost incredibly short time. When pleuritic pains occur, or there is an extension to the lungs, Libradol gives early relief. In *all* sthenic conditions of the respiratory system, we have *increased* temperature, *rapid* pulse, *dry, constricted* skin, and more or less pain. With such conditions, Libradol is *always* the local remedy that promises the greatest relief.

Libradol is *contraindicated* when the surface is cool, skin relaxed and moist, and the circulation feeble.

—R. L. THOMAS, M.D.

For the Quick Relief of Pain by External Application

The professional use of Libradol is now enormous. Its action is surprising, even where the pain is deep-seated. Where the synthetics have failed, Libradol has acted promptly, as is shown by the following report of a physician:

"I was called to a patient suffering intensely from a painful affliction that another physician had failed to relieve. I spread Libradol at once over the seat of pain, and prescribed the indicated internal remedies. The patient was immediately relieved, and fell asleep before internal medication was instituted. Since that event I have been the physician of that family."

Another physician wrote:

"The following is the experience of a patient suffering from facial neuralgia: Coal-tar products, nervines internally, and other processes had been utilized by the attendant physician to no avail. I was called and spread Libradol over the forehead and behind and below the ears. Within ten minutes relief followed, and in half an hour all pain had disappeared. The indicated Specific Medicines were now prescribed. There was no return of the neuralgic pain."

Prices:	¼ lb	½ lb	1 lb	Hospital Size
Regular	$0 45	$0 80	$1 50	$6 50
Mild	30	55	1 00	4 50

Supplied by Druggists generally.

LLOYD BROTHERS, MANUFACTURERS.

The INTEROL treatment of chronic constipation in the elderly is rational. It fills one want, in a harmless and effective way, namely, the want of colonic lu brication.

While lubricating, it also acts beneficially by softening—or rather by keeping soft—the intestinal contents, and by protecting any bare spots in the tract. Finally, it combats the accompanying auto-toxemia by sluicing out the feces with their toxins, as is evidenced by the improvement in complexion and in general well-being shown by many of these patients after steadily using INTEROL.

All this is done without enervation to an already weakened organism.

Is there any one thing at the physician's command that will do as much for these patients?*

---

*Further literature on this subject, on request. Van Horn & Sawtell, 15-17 E. 40th St., New York City.

PREVENTION OF BRONCHIAL AND PULMONARY INFECTIONS.

The value of cod liver oil as a means of guarding against bronchial and pulmonary infections by raising the index of resistance of the concerned tissues, is well appreciated by the profession, and many physicians advise the systematic use of Cord. Ext. 01. Morrhuae Comp. (Hagee) for this purpose. It would appear that cod liver oil has a definite predilection for the tissues of the lungs and bronchi and adds materially to their powers of resistance against germ invasion. That this increase of resisting power means a diminution of susceptibility to colds and their consequences is very evident, and points plainly to the need for a cod liver oil preparation, such as Cord. Ext. 01. Morrhuae Comp. (Hagee) in those persons with the slightest susceptibility to bronchial and pulmonary infections. The superior feature of Cord. Ext. 01. Morrhuae Comp. (Hagee) is its palatability which in no wise impairs its therapeutic efficacy.

CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to December 1, 1917, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	$1.00	$ .90
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles	1.00	.90
Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio	2.00	1.80
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

SUBSCRIBE NOW

Please sign your name on this page, tear it out and mail to us at once.

Inclosed you will find $1.00 for subscription to the **California Eclectic Medical Journal** for one year to begin with your next issue.

Name.....

Address.....

[Or] Enter my subscription to the **California Eclectic Medical Journal** "until forbidden" and I will pay your bill of $1.00 when rendered.

Name.....

Address.....

The California Eclectic Medical Journal

Vol. XXXXVIII **MARCH, 1917** **No. 3**

Original Contributions

WHY—SOMETIMES—CONVALESCENCE IS RETARDED

By M. B. Ketchum, M. D.

President of Los Angeles Medical School of Ophthalmology and Optometry

When one has passed through the different stages of a protracted sickness and is entering the period of convalescence, it is realized by all concerned that the goal of good health can only be attained by a gradual increase of what we usually term strength.

This fact is based upon the understanding that from every standpoint the vitality—nerve force—of every organ of the body is very much enervated and only able to perform in a very much modified degree its usual and necessary physiological functions.

Even to sit upright is a great effort, and walking more than a few paces is out of the question; while the diet, as to kind and amount, must receive the most careful attention simply because of the low tone of the digestive organs.

The whole consideration, in a general sense, in advising the patient is, "Be careful not to overdo yourself," a phrase that he or she usually understands to apply entirely to eating and exercise. Beyond this usual consideration the patient, and very often the physician, gives very little thought. The doctor feels that he has covered the ground in making this blanket statement to his patient, while the patient himself fully—he believes—understands what is expected of him. But does he? By no means does he, and the reason why he does not is based upon pure ignorance relative to a most vital physio-

logical function which, as long as he is awake, is in constant action, and that is, something about his eyes.

Age and general natural vitality are the governing factor with every convalescent. We all know about the "reflexes." Even the laity, from personal experience, is aware that properly fitted glasses will relieve and prevent the recurrence of severe headaches; and the eye specialist, for many years past, has learned that by carefully correcting visual defects in patients he has therewith soon relieved them of various nervous affections that previously have not been benefited by any sort of constitutional treatment.

Now, about this convalescent again. What is left for him in a way to occupy his mind excepting reading or other "close work"? He naturally feels that he is at perfect liberty to read for hours at a time if he wants to. With this preliminary talk, I will introduce the "point" in my story.

It is true that the majority of people, age not considered (statistics give as high as 87 per cent), have more or less defective vision. In order that they may accomplish the visual tasks required of good vision, the sight can be improved through the internal eye muscles that control the lens of the eye, the function of which is to adjust the perfect images on the back part of the eye—the retina—that objects at any and different distances away may always be seen distinctly. Ordinarily these are called the muscles of accommodation. With one in perfect health, and also perfect eyes, this function is always acting when the person is doing any close work. Very well, then. I must remind the reader that even under such perfect conditions in the action of this natural and normal function there is a limit to endurance, and that physiologists advise us that for only three hours a day can the eyes thus be taxed without a feeling of general fatigue following.

The next point to bring out is that in all healthy people who have defective vision there is a **constant** demand upon the nerve force of accommodation in order to maintain a better vision than nature, in their individual case, has provided for them.

The next thought is that no organ of the body is supplied with any more nerve force than enough to carry on its natural normal duties; hence comes the term "eye-strani" that people talk about and feel the effects of in various symptoms that accompany and follow it. This in otherwise so-called healthy people, mind you. If "eye-strain" enervates a person in good health who is not doing any special close work, then what have

we to intimate about the convalescent with poor eyes? The deduction is very plain to any mind. His vitality that is needed to apply to his general systemic condition is being drawn upon in excess through his eyes, and in reverse ratio will disturbing reflexes and general mal-nutrition exist with him.

Comparable with the same person in an average state of health whose resisting power is knowingly good, this same person when vitally depressed will suffer the effects of eye-strain to a much greater degree.

The lesson briefly intended to convey to you, doctor, is that in all cases question your patients as to any previous "eye troubles" and unless they are supplied with properly fitted glasses, insist on it being done without delay. I might say, also, that a good many people are not aware that many complaints that they have or have had, come from defective vision and it is surprising, in fact, that there is today a goodly number of people who do not know they have poor vision until they have a proper test made. This is usually owing to the fact that no one sees out of their own eyes but themselves and the mental pictures they get of everything they look at is as they always have known them to be and not comparative with those of some one else who has perfect eyes.

The convalescent or chronic invalid sitting in his chair or lying in bed is then, without question, using the nerve supply of his eyes to excess and should be warned against doing so under all conditions, even though he has glasses, otherwise with or without glasses and especially without, is his recovery retarded accordingly. General practitioners, as a class, do not give any particular thought about "eye-reflexes" hence I feel it my duty to call his attention to the fact that, without doubt, more so-called nervous troubles, insomnia, head-aches and allied disturbances are directly traceable to defective eye-sight than from all other possible sources combined. The Eye Specialist is daily brought into the life of people who come to him with aggravating nervous disturbances which, in due time, are entirely relieved by constantly wearing glasses that are adapted to his particular condition and relieve his eyes of the constant effort that his defect called forth in order to see fairly well.

I regret to confess that, although the art and science of refracting the human eye has within recent years been prac-

tically brought down to perfection that every one who professes to do such work is by no means thoroughly competent, and that a good percent of people who are wearing glasses are not satisfied because of ignorance or neglect upon the part of the one who furnished them.

GONORRHEA

Harvey W. Crok, M. D., Long Beach, Cal.

As volumes have been written about the disease and its sequela it is not intended to cover the entire field of pathology suggested by the title. The disease has been known for centuries, although the etiological factor was not discovered until 1879 by Neisser.

The disease is considered by some authorities to be even a greater menace to the human race than syphilis.

Be that as it may, no one will deny the fact that it does cause an immense amount of physical and mental distress. When its action on the female generative tract is taken into consideration it would seem as Montgomery says, "When once implanted on the mucous membrane of the female generative tract, it rarely, if ever, is eradicated."

Common sites for the infection to start are at the urethral orifice and on the cervix uteri.

In the first instance we have an acute urethritis to deal with and by extension it easily reaches the bladder, in which case the pain and suffering as well as the difficulty of effecting a cure is greatly increased or it may start as an inflammation of the vagina and Bartholin's glands are early affected with varying effects depending on whether the infection is very virulent or mild. If mild, it may become dormant and still be capable of reinfecting the patient or others, thus accounting for some obscure cases in the male. When virulent and especially if mixed with staphyloccocci it may occlude the ducts and result in abscess formation.

When the cervix is the point of infection it may easily be merely continuity of tissue reach the peritoneal cavity since after it gets above the lower third of the cervical canal the mucous membrane is all single columnar ciliated epithelium to the fimbriated ends of the tubes. A chronic gonorrheal endovervisitis is claimed to be the greatest factor in causing ophthalmia neonatorum although infection of any other part of the birth canal might be responsible.

Many cases of abortion and placenta previa are undoubt-

edly due to the destructive action of the gonococcus on the endometrium and after it reaches the uterus is carried to all supply of blood and lymph, it may and often is carried to all parts of the body with resulting endocarditis, arthritis, etc.

If the Fallopian tubes become infected it would seem as if the chances to aid nature in the fight is very greatly increased by the anatomy of the parts affected.

The tubes have an internal diameter of about 2 mm. at the abdominal opening and still less at the isthmus, being about 1/00 mm. or about the size of a small bristle. Being smaller at either end than in the middle and also somewhat tortuous they are easily occluded with exudate and pus, rendering the patient sterile as well as causing them to become chronic invalids unless surgical measures are undertaken to relieve the condition. It is impossible in a paper of this kind to more than glance at some of the conditions for which the gonococcus is responsible. Since ignorance and prudery have failed to stamp out the condition it is necessary to try and see what education will do in that direction. As students and physicians we have to come in contact with many of the unfortunate ones and we can at least help them to a better understanding of the dangers with which they must contend as well as aid nature in her fight by the use of all the knowledge at our command.

OPERATIONS ON THE URINARY BLADDER

Dr. B. Roswell Hubbard, Los Angeles, Cal.

Read Before the California Eclectic Medical Society.

Affections of the bladder are numerous and many are of such a nature as to demand surgical interference to bring about relief and cure. Of the many common morbid conditions frequently met with in every-day practice, may be mentioned retention of urine depending upon obstruction to its egress located at the neck of the bladder, or at some point in the urethra, and paralysis of the muscular structure of the viscus, and in some cases all these conditions may exist.

Foreign bodies are often found in the bladder such as calculi; and pieces of pencils, hairpins and pebbles inserted by sexual perverts; parts of instruments and other metals resulting from violence and accidents attending operative measures; the most common of these are bullets, spicula of bone from near by osseous structure, splinters of wood and sec-

tions of catheters and other instruments, the extent of the injury to the viscus depending on the size, shape and nature of the foreign body.

Not uncommon diseases affecting the bladder are ulcerations, benign and malignant, and tumors varying in size and structure. Accidental injuries of the bladder are frequent, such as gunshot and punctured wounds, and ruptures resulting from kicks and blows. Congenital defects of the urinary viscus are occasionally met with in various degrees of severity and requires the highest order of skill to place the unfortunate individual in anything like a comfortable state of existence.

Enlargement of the prostate gland always involves the bladder in the progress of its development, giving rise to pain, vesical tenesmus and functional derangement.

Fistulous opening into the bladder resulting from pelvic abscess presents a morbid condition of the urinary viscus extremely difficult to rectify. Vesico-vaginal fistula, a pathological condition with which we are quite familiar, usually presents but one orifice, but there may be several varying in size from that of a pin-head to the destruction of the entire vesico-vaginal septum.

Operations on the urinary bladder for rthe relief and cure of the numerous affections, both accidental and such as are acquired by disease, requires a variety of instruments, each of which is fashioned for the special work the operator desires to execute with it. A fairly good list will include a variety of soft rubber and conical gum-elastic catheters, one or more of which should be provided with a stylet; a number of silver catheters, the distal end variously fashioned, and especially there should be at hand two sizes of a strong silver-plated instrument with two eyelets and diamond-shaped points that can be utilized to divulse urethral strictures as well as to evacuate the bladder. Let me pause to say that there is much to be accomplished by the adroit use of sounds and catheters when guided by the hand of a skillful manipulator; but a bungler may do serious harm in applying the urethral instruments. To allay the irritability and aid the passage of urethral instruments through a stenosis of the prostatic portion of the urethra, the operation should be preceded by the deep injection of a half drachm or more of a one per cent. solution of cocain in glycerine or glycothymoline lubricant, and by the way, let me advise this admixture in the treatment of involuntary seminal discharges following

urination or at other times when due to deep urethral irritation. The application can be made at bed time and two or three times during the day in aggravated cases. But to return to the listing the necessary instruments in executing operations on the bladder; straight and curved tractor with cannules; curved bistouries, probe and sharp-pointed; scalpels; tenaculum and retractors; self-retaining rubber catheters for bladder drainage; straight and curved aspirators; artery forceps; long silver probes; tumor forceps; long, straight, sharp and blunt scissors; two sizes of grooved staffs; gorgets and grooved catheter useful when making the primary incision in the deep urethra; steel sounds; lithoclasts; steel searchers provided with tube and ear plug useful in searching for stone; Otis evacuator complete; one or more lithotrites; hypodermic syringe with long needles for the painless removal of the prostate under local anesthesic; spoon shaped scoops for the removal of neoplasms; needles, cat gut, silk for traction loops, and rubber tubing for drainage mediums.

For dressing material a liberal supply of sterilized gauze sponges, pads and bandages should be at hand, besides lubricants, dusting powder and zinc oxide plaster.

In passing a hard rubber catheter to relieve retention of urine, care must be exercised not to permit the end of the stylet to escape through the eye of the catheter, otherwise serious injury to some portion of the urinary tract will surely take place, whether a hard rubber or a silver catheter is used more or less hitch in the passing of the instrument is experienced when the triangular ligament just beneath the pubes is reached; to facilitate its passage two methods of procedure are advised: depress the outer end of the catheter and elevate the point of the instrument with the finger pressing hard against the perineum, or by introducing the finger in the rectum; and attaching the catheter to a fountain syringe containing quite warm borax water; as soon as the entering end of the catheter reaches the deep portion of the urethra permit the borax solution to run through the catheter, the lubricating fluid dilates the urethra in front of the catheter, greatly facilitating its introduction through constructed parts of the urinary canal. Once the catheter enters the bladder the flow of urine determines its entrance into the viscus, unless the eye of the instrument becomes obstructed with a clot of blood, which not infrequently takes place when the pasage of the instrument abrades the mucous membrane

or opens a soft stricture of the urethra; withdrawing the catheter will disclose this condition, if it exists, and after removing it, the instrument should again be carefully introduced. When retention is due to organized strictures of the urethra the stenosis will have to be relieved by divulsion or excision before the bladder can be catheterized. In emergency cases the bladder will have to be tapped with a trocar or aspirator which is thrust into the urinary viscus immediately above the pubes or through the rectum; if the latter course is chosen a curved instrument is used instead of a straight one; these punctures can be painlessly executed under novocain or cocain local anesthesia.

Under proper antiseptic precautions the bladder is opened above the pubic bone to remove calculi, tumors, the prostate gland and foreign bodies; the operation can be executed under local anesthesia in cases where a general anesthetic is inadvisable. The successive steps in the operative work is briefly given. The parts involved in the operation are properly prepared and the bladder distended with normal saline or a one per cent boric acid solution; the bladder is now exposed through a two and a half-inch incision made in the median line beginning at the sympysis pubis. The margins of the wound are carefully separated with small retractors when the bladder wall is secured with thumb forceps between which a half-inch incision is made, if for the purpose of inserting a section of rubber tubing for drainage, the incision being extended when required for the removal of tumors and foreign bodies, or the prostate gland.

Before opening the urinary viscus bleeding vessels should be picked up and clamped or ligated if of any size. If tumors are the offending medium they will appear as villi, a cancerous mass varying in extent, or polypoid in form. The latter is very commonly met with, and often attains the size of an egg, and if of long standing is very prone to become necrotic giving off an extremely offensive odor with the urine; cystitis varying in severity always attend these morbid conditions, the result of imparting to the urine a viscous irritating poison. Polypoid growths are removed with a wire snare, galvanocautery loop or gouged away with cutting forceps, care being exercised not to do unnecessary injury to the bladder wall. In cases where the neoplasm is extensive, especially if it is located near the dependent portion of the bladder, a counter incision should be made in the

viscus through the perineum that efficient drainage may be obtained through a perforated rubber tube of suitable size, besides the bladder can be flushed occasionally with bland antiseptic fluids through this form of drainage medium.

Unless a malignant growth is of small size and located in a part of the viscus making its removal reasonably safe, no attempt should be made to excise it, if it involves the lower segment of the bladder obstructing the urinary outlet relief will have to be provided for by supra-pubic drainage during the life of the patient. Unless a calculus is of large size it can be removed through the perineal route to the bladder; the operation is executed by passing a grooved staff into the bladder followed by inserting a straight bistoury through the perineal tissues, keeping in the median line starting it about one inch in front of the anus, directing the point into the groove in the staff holding the knife with its back toward the rectum, thus incising the membranous portion of the urethra well up toward the prostate, now withdraw the grooved staff and substitute a grooved bulbous gorget which can be followed by the bistoury or finger into the viscus. Following the opening into the bladder the stone can be grasped with with forceps and quite readily removed. It is necessary to avoid injury to the blub and rectum in executing this operation. If the cutting is done in the median line not much blood is lost; the deeper structures, that are quite vascular, are separated with the finger.

Following the operation urine will be voided through the perineal wound for a time, eventually the wound will heal and the urine will pass in the natural way.

Rupture of the vesical wall constitutes a serious pelvic disturbance often difficult to relieve; if the rent occurs on the posterior surface it is recognized as intraperitoneal and the urine escapes into the peritoneal cavity resulting often in active peritonitis. If the rupture is in the anterior wall the urine usually infiltrates the lower abdominal tissues and perineum, causing cellulitis and diffuse suppuration. Local soreness and pain and the passing of bloody urine are diagnostic evidence of rupture of the viscus.

If an intraperitoneal rupture is suspected, the bladder should be opened as before described, the incision in the abdominal wall extending upward from the pubes six to eight inches, holding the intestines aside with sterile pads the viscus is sought for; when found, it should be closed with

chromicized or plain cat-gut, using the Lembert form of suture; next remove urine and blood clots if any are present in the abdominal cavity, by sponging and irrigating with normal salt solution. The abdominal wound is next cleared of operation soilings and dressed in the usual manner. The bladder is kept free of urine by frequent catheterism for ten days to two weeks while the patient is kept at rest in bed and allowed only a mild diet.

To successfully treat an extraperitoneal rupture, where extensive extravasation of urine in the overlying tissues has taken place often taxes the ability of the surgeon to the utmost. It is not possible to estimate the extent of the traumatism till after the performance of laparotomy. The rent in the bladder is approached through a reasonably sized incision immediately above the pubes, the presenting wall of the urinary organ seized with wide-beaked dressing forceps and gently pulled upward, bringing the rent into view, when it is closed with fine chromatized cat-gut, using the Halstead form of suture. In closing the external wound provision should be made for drainage, using a strand of plain sterile gauze as the medium. Owing to the friable state of the bladder wall in marked cases of extensive extravisation of urine, the successful closing of the rent is not always obtained, as sloughing is apt to take place in a few days as a result of the ensuing infections. Suitable drainage must be provided for in all cases where the infection is pronounced, and the bladder kept free of urine by frequent use of the catheter for ten days or longer. This form of injury to the bladder walls is considered a serious one, the death rate averaging about twenty percent. Paralysis of the bladder is due to disease or injury to the brain or spinal cord and is partial or complete, according to the extent of the exciting cause; the morbid state, like atony, is often attended with dilatation of the ureters, cystitis, pyelitis and in marked cases of long standing, disorganization of the kidneys. Atony of the viscus is generally due to overdistention resulting from urethral stricture or enlarged prostate.

The treatment of paralysis of the bladder consists of emptying the organ frequently with the catheter, and that of atony by removing the cause if possible and toning up the bladder structure with galvanism and strychnia; the latter given in small doses hypodermically in the inguinal region.

To execute a suprapubic prostatectomy the bladder is opened as previously described, after the patient has been

properly prepared for the ordeal. While the margins of the bladder wound are separated and fixed with tenaculum forceps the dependent portion of the bladder is explored with the index finger to determine the size and position of the prostatic growth and the possibility of its removal. This procedure is aided materially by inserting two fingers in the rectum to elevate and fix the gland during the manipulating process. If the presenting portion of the gland seems favorable for removal the mucous membrane over the most prominent portion is severed with the finger-nail, exposing the fibrous covering of the morbid growth, this tough membrane should be nicked with scissors and further separated with the finger-nail if possible, otherwise with blunt-pointed scissors or dissector to the extent that the gland may be shucked out of its bed, care being taken during the progress of the work not to tear the structure of the urethra. Following the removal of the gland the vesical cavity should be cleared of clots and other operation debris and the bladder wound closed in the usual manner, previously making provision for proper drainage by inserting a rubber tube provided with several eyelets in the entering end, through a perineal incision into the viscus; through this drainage tube the bladder should be flushed once or twice a day with quite warm normal saline solution for four or five days, when, if conditions are favorable the tube can be removed.

The abdominal incision should be closed with several silkworm gut sutures and dressed with pads of antiseptic gauze held in place by strips of adhesive plaster. The patient should keep the recumbent position for a day or two, after which, he should be placed in a semi-sitting position. With no complications the patient will be able to void urine naturally in a few days following the removal of the tube.

Success will not crown our operative work in all cases, because of the fact the individual applying for relief is anemic, nervous and otherwise broken in health, from a period of long suffering, and such cases are not of the best to withstand serious surgical operations; while cases of this kind are frequently met with, yet hope for relief induces them to take the chances that an operation offers.

Gunshot and punctured wounds of the urinary viscus are cared for about the same as ruptures of that organ are treated; complications very often attend these injuries, such as wounds of the intestines and fracture of the pubic bones, spiculas of the osseous structure not infrequently being

driven through the anterior wall of the bladder; caring for the complications requires as much, if not more skill than does the bladder injury.

Not infrequently the bladder is wounded, torn, in the removal of the uterus; the operator carelessly forcing his finger through the wall of the viscus while separating it from the uterine organ. The rent should be closed by the continuous suture of fine chromicised cat-gut and the bladder kept empty by the use of a retained catheter for a week or ten days, during which time the bladder should be irrigated once or twice every twenty-four hours with a five percent solution of boric acid.

To close a vesico-vaginal fistula requires the patient to be placed in the lithotomy position with the thighs well flexed upon the abdomen and held securely by assistants. The posterior vaginal wall should be well retracted with a Sims speculum and the area in which the fistula is located brought well into view by the use of a catheter introduced into the bladder and so manipulated as to push the affected part well into the vaginal outlet. The fistulous area is dissected out the mucous membrane of the vaginal wall being removed to the extent of fully a quarter of an inch from the edge of the fistulous opening, using a sharp knife to execute the work; the entire fistulous track extending to the mucous membrane of the bladder must be removed, following which the edges of the wound are brought together and secured with chromicised or silk-worm gut sutures. The size of the fistula will determine the shape of the vaginal mucous membrane section to be removed; if the fistulous opening is large a double V shaped section is advised; this will permit of the margins of the wound to be brought together without puckering the tissue, and again the denudation should be so shaped that in closing the wound the upper and lower margins are brought together, which eventuates in a union across the vaginal axis and shortens the vagina to a greater or less extent. Following this part of the operative work the vagina should be loosely packed with iodoform or other antiseptic gauze. The urine should be drawn off every two or three hours, day and night, for the first three or four days; following this period of time the patient is allowed to void her urine, except in aggravated cases, when she should be catheterized for a longer period.

The vaginal packing should be removed every three or four days and replaced with a fresh tampon to keep the canal free

from moisture and lessen the chances for infection. If no complications arise following the operation the silk-worm gut sutures may be removed in about ten days.

There is one precaution necessary to bear in mind in executing this operation to make it a success, and that is placing the sutures deep enough thus guarding against their cutting or sloughing out before the wound has healed.

Operations to remedy (not cure) extrophy of the bladder are numerous, but not satisfactory so far as satisfying the patient and friends are concerned, as a perfect result in such a morbid state is an impossibility.

There is no sphincter to restrain the voiding of urine and fistulae are prone to exist. The wearing of some kind of urinal is a necessity.

The object to be attained by operative measures is to cover over the exposed mucous membrane as much as possible and as the chasm to be abridged will vary in form the making of the flaps will have to vary in shape to meet the requirements in individual cases. The first step in the operative work is to estimate the size of the flaps required, and these should be outlined by pencil markings before making the incisions, bearing in mind the shrinking of dissected tissue; provision to meet this condition should be observed in making the integumentary coverings.

As Wood's methods of operation can be employed in both sexes it is usually adapted. It consists in forming three flaps —a central embracing the umbilical region, and two lateral pyriform flaps made from each groin. The measurement of the central flap should extend upward from a line at either side of the bladder from a point opposite the root of the penis to the upper margin of the bladder, and joining each other across the median line of the abdomen in a curved manner.

The two lateral flaps are made, having rounded external borders, with their attachments downward and inward, corresponding to the base of the scrotum and large enough, when properly detached and turned inward, to meet in the median line their entire length. Their upper limits to correspond internally to the centers of the vertical incisions; the incision completing the inner border of each end of the vertical incision already made along the side of the urethral groove for half its length.

After proper separation of the flaps the central or umbilical flap is turned downward and stitched at either side to the cut

edges of the root of the penis. The lateral flaps are carried inward over the umbilical flap, thus opposing the raw surfaces of the respective flaps to each other. The flaps and the borders of the gaps resulting from their displacements are then united leaving the unclosed spaces to heal by granulation. The root of the penis should be closely embraced by the lateral flaps to prevent subsequent weakness and protrusion at this point. The integrity of the external pubic vessels will add much to the vitality of the lateral flaps.

In executing the operative work antiseptic precautions should be properly observed, and in dissecting up the cover flaps care should be taken not to cut them too thin, otherwise they will be deprived of nutrient vessels and are likely to slough. Regarding certain symptomatic indications of urinary troubles let me offer the following observations which are worthy of consideration in determining the etiology of the morbid states:

Owing to the fact that a sacculated condition of the bladder often exists it is not possible at all times to empty the viscus with a catheter, and it should be borne in mind that a calculus often exists behind an enlarged prostate, as the conditions are favorable for the formation of the stone-like concretion. An individual suffering from a vesical calculus usually complains of frequent and painful micturation, a condition made worse during the day than at night, owing, in most cases, to the bladder impression on the stone. Cases of enlarged prostate are usually more comfortable **during the day** where stone **does not exist,** whereas calculus patients are most comfortable when lying down, and sorely nagged when walking or riding, urination being both frequent and painful.

Dribbling of urine in men does not always signify incontinence, the condition is apt to be due to retention the result of stricture or prostatic enlargement. In either case the bladder is distended with urine preventing, in great measure, normal contraction of its muscular walls sufficient to empty itself, and in time the sphincter muscle becomes weakened by constant pressure permitting a little urine to escape on the least exertion.

If the passing of a medium sized catheter, in a man, causes violent pain in the voidance of urine, not only through the catheter but along its sides, an impacted calculus in the deep portion of the urethra may be reasonably suspected.

It is possible for a stone in the bladder to cause retention and incontinence, either condition being dependent on the

size and location of the stony concretion. If it is located at the meatus internus and firmly embraced by the sphincter which is usually held in spasm through the existing irritation caused by the stone, no urine can escape, retention follows; should the stone be implanted a little further forward it is prone to act as a plug to the urinary tract, but not to the extent of preventing the dribbling of urine along the rough exterior of the calculus and its passing is aided by the stone being so situated that the sphincter can not firmly contract. Retention of urine in children is usually due to the presence of stone, except there be present, a contracted meatus or a tight foreskin.

A committee of Berkeley citizens has presented a proposed act, relating to prescriptions, recipes and formulas of medical men, to Assemblyman George Gelder, to be presented to the Assembly at Sacramento. The proposed law states that all prescriptions given for any cause by physicians must be issued in triplicate, and in the English language, each prescription to bear the name of the person to which it is issued, the date, and a statement of the disease, ailment or deformity for which it is issued. The law would further demand that one copy of the prescription be kept by the physician, open at all times to public inspection, and that one be the property of the person to whom it is issued, the other to be taken to the proper place to be filled. A fine of $300 or imprisonment for not more than three months has been set as punishment for any violations of the proposed law.

The book lovers in the medical profession will be delighted with the intelligence that the Lloyd Library will soon have an extensive addition to house the thousands of new books which could find no room in the present structure. The building on the southwest corner of Court and Plum Streets, Cincinnati, said to be Cincinnati's pioneer tenement house, will be razed, and in its place will be erected a handsome and commodious structure. The Lloyd Library is constantly being enlarged, principally by purchase, and contains rare books on scientific subjects, especially in the realm of pharmacy and botany. While many medical men and women are daily visiting the library and delight in browsing about the shelves, it is to be feared that the institution is really better known and appreciated in other parts of the country than in Cincinnati. The writer of this hopes the medical public will not be remiss in taking advantage of the increased facilities which will be at its disposal upon the completion of the new building.—N. E. M. A. Quarterly.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

O. C. WELBOURN, A.M., M.D.
Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.
J. W. FYFE, M. D., Saugatuck, Conn.
WM. P. BEST, M. D., Indianapolis, Ind.
FINLEY ELLINGWOOD, M. D., Chicago, Ill.
HARVEY W. FELTER, M. D., Cincinnati, Ohio.
J. B. MITCHELL, M. D., San Francisco.
A. F. STEPHENS, M. D., St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

BUSINESS SENSE.

That professional people are poor financiers is now known to all men. Moreover nearly all men take advantage of this fact to their own financial profit. Medical men belong in this class and comprise a large proportion of the names found in the directory of that class of individuals who live by their wits. Medical men are human and want to get rich quick. No quicker than any other class, but they yearn to escape the drudgery of making a living in the profession. Recently a colleague said to me, "You know I am past fifty, and if ever I am to take life easy I must make money now." He bought an interest in a mine which he had inspected himself and knew to be all right—but why continue the painful story. In his state of mind any speculation became an investment and he was bound to lose his money. And the worst of it was that it was money which he had earned at hard work and long hours. After it was all over he was a wreck in body, mind and purse.

Apparently prosperity has returned, and it will be assumed

that medical men will possess a few dollars in the bank. If he be of the right sort he will enjoy the rivalry of those who are seeking his financial favor in their investment schemes and—take a mortgage on his neighbor's real estate. If he be of the other sort he will have "castles in Spain" and enjoy that quite as well—while it lasts.

"AND THERE IS NO HEALTH IN US"

"How do you do?" Was it Adam who, the task of naming the animals and plants of the garden being completed, first made use of the expression for want of other weightier matters of conversation with his partner? Or was it Eve who coined the phrase through solicitation for her mate during his convalescence from the recent operation of removal of a rib by which she had so profited? Yet another guess—more "scientific" perhaps—is that the expression originated after the fatal disaster known (in pre-Darminian days) as "the fall," a catastrophe brought on through that first error in dietetics. Only with the experience of the consequences of the ingestion of that forbidden fruit could either Eve or Adam feel the true meaning of such a sympathy-demanding and sympathy-begetting phrase as How do you do? While we today speak the words often and with unmeaning glibness, those first utterances were fraught with a real anguish of spirit of which we cannot dream.

Yes, it was the cruel needle prick of that first dressmaking establishment, and the angry blisters that resulted as Adam drove his spade into the astonished soil of his first potato patch, that created and lent poignancy to the salutation. Oh, Eden! What insipidity of existence was that among thy stately groves and multitudinous menageries—knowing neither sickness nor health, nor pain nor joy, nor fear nor hope, nor the meaning of the words, "How do you do!"

Each of us is born to an inheritance of blistered hands or needle-worn fingers, or—inevitable fate—we are afflicted with sundry aches and pains because we have not toiled and sweated, and to each of us comes instinctively the words, 'How do you do," which, being fully interpreted and modernized, usually means, "I am feeling badly; do you not sympathize with me?"

Besides work and lack of work, there were fashionable clothes to beget bunions and create corns, and to cramp the lights and the liver, and withal the cold and the wet and the great beasts and smaller (even microscopic creatures), which

have set upon us and kept us crying out for sympathy in our real or imagined afflictions.

Every demand creates a supply or attempt at a supply, and so in response to our cry for better "doing" there have always been those who knew just what our needs must be, and the road through the ages has been one long midway of health booths in which the man who cried from his soul, "How do you do?" could find solace and lightenment for his mind and his purse, if not release from his manifold aches and pains. From the medicine man to the twentieth century faith faddist, all have set their pavilions by the way, and have waylaid the passer. In our present day, when, because work is lighter, we have more time to devote to our aches and pains, the midway has become crowded with seekers after health, while the barkers have waxed numerous and fat in the land. "You must eat less!" cries one, while his neighbor bawls "My show is the only show—let us eat more and be happy!" With equal power the lifter of heavy weights vies with the waver of empty arms to attract the passer to their shows, while the anxious seeker after health enters now this booth, now that, only to find that each show is not up to the advertisements, and that he must seek further for liberation from his troubles.

Man is a creature of a day, and that day well filled with discontent. Dissatisfied in Eden, he is more disgruntled out of Eden, but how far happier this later discontent, with all its spice of bodily affliction and more things to sample for bodily needs, than a few apples on a bough. Even our solicitations as to the weather become commonplace; in fact, only exist because the weather has to do with our feelings of better or worse, and so supplements that meaningful phrase, "How do you do!"—The Dietetic and Hygienic Gazette.

THE FAMILY PHYSICIAN FROM THE LAYMAN'S VIEW POINT

By Judge H. W. Canfield

Judge of the Superior Court of Whitman County

It is with great timidity that I venture to address you tonight upon a question touching your professional responsibility and duty. I am not a stranger to responsibility, nor entirely insensible to the call of duty, and I venture upon my subject with the hope that there may be some degree of profit for you in my point of view and counsel; if no other, at least the profit

of a frank avowal of my views and a clear knowledge by you of the mental attitude of at least one layman.

Nor is my attitude an unfriendly or unsympathetic one. I have carried the burden of a fear that my mistake has resulted in disaster to my client, and can at least approach appreciation of the physician's feeling concerning a mistaken diagnosis. Nor is the solace of the reflection that I used my best skill and judgment in a crisis and was diligent to the best of my ability, and that unfortunate results fall within the category of being "just too bad," altogether unknown to me.

There is no prouder place among men than that occupied by the family physician, and no more grave responsibility. In these modern days few men have the power of life and death, and those few are the despotic rulers and the family physician. The authority of the despot is founded on fear and power; that of the physician upon confidence and esteem. I like to thing that it is being the recipient and repository of trust and confidence which carries with it all the sweetest rewards of our lives, as well as imposes upon us our most anxious thought, and the family physician, trusted as he is with the lives and health of those more dear than life itself, occupies a position of trust to which there is no superior, is entitled to feel the keenest rewards for his care and judgment or suffer the most poignant remorse for his inefficiency or neglect. Specialists may reap greater rewards in fees for a given amount of exertion than does he, but no wealth can be a recompense for the sense of faith and confidence enjoyed by the general practitioner.

You all know the story of the specialist who was "hell on fits" and who induced in his patient an attack of convulsions in order that he should be on familiar grounds. I think there is a kernel of truth in the story, and that the specialist, by narrowing his field of intense application by the very process of specializing, becomes an unsafe counsellor, and therefore a dangerous family physician. If I do not mistake, each of you can name a surgeon so absorbed in his specialty that he can find necessity for its exercise where none exists, who never looks upon a patient without searching for an excuse to attempt to improve upon nature.

If this exists, and I am persuaded that it does, it does not attack the good faith or the skill of the surgeon, but does establish the fact that the world needs and your profession demands that there always be an intermediary between the trustful patient and the specialist.

The serious responsibility of advising a surgical operation

should never, in my judgment, be assumed by any man who would perform or in any manner profit by the operation, and that whenever you are consulted as to the necessity or propriety of an operation, you should be debarred from performing or profiting by it by the ethics of your employment.

Every operation which results in the death of the patient from the operation is a homicide, both as a matter of law and as a matter of morals. It is no excuse either in law or in morals to say the patient would not have long survived. That could be said with truth of every patient and of every human. None of us can long survive, yet not only the law but good morals fixes the responsibility for homicide upon the proximate cause of the death, and I am persuaded that the surgeon and his innate desire to cut is the proximate cause of many a death.

Gentlemen of your profession cannot afford to carry the fear that any influence, especially one of the existence of which you are not yourselves aware, should have any effect in causing you to give advice fraught with such peril. More than this, gentlemen of your profession cannot afford to permit a belief to gain currency that any unworthy motive enters into the matter as one of the elements which induces your counsel. I realize that there are no more painstaking and conscientious body of men than the physicians, but I say to you that the suspicion is broadcast that the fees received for surgery, and the ambition for surgical excellence, influences the minds of practitioners in recommending the use of the knife. You cannot afford, gentlemen, to allow any opportunity for such suspicion.

I therefore urge that you make it one of the articles of your religion never to perform or assist in the performance of or profit by an operation about the advisability of which you have been consulted.

I intimate nothing—certainly in this company I can frankly say all that is in my heart—but for greater clearness I distinctly disavow any insinuation that any member of your profession ever was consciously influenced by his desire to operate, into causing the patient to undergo the knife, but I do believe cases can be found where the trusted family physician has unconsciously been so influenced, and I would like to see your profession remove any such a temptation.

Our Supreme Court has said that the fair trial to which every man is entitled consists of two parts. First, an actually fair examination of the issues involved; and, second, a trial which has such an appearance of being fair that the parties and

the world may know it as such. And so I appeal to you on a parity of thought, to remove every appearance of partiality and interest from your attitude before you assume the grave responsibility of condemning a human to undergo the table and the knife.

I admit that the attitude of the layman is all wrong. The theory of the compensation of the physician is just as wrong as the theory of the compensation of the attorney. To illustrate what I suspect about the attitude of patients toward physicians, let me digress by telling you what I know about the attitude of clients toward lawyers.

The lawyers are well established to be a bad lot, and, among other things, they are convicted of stirring up litigation; yet the clients invariably put the personal interest of their attorneys into the scales against them. A poor settlement is uniformly better than a good lawsuit, yet no client will ever willingly pay his counsel for the best compromise even a moiety of the fee he would cheerfully pay for an unsuccessful trial, and in my profession the practitioner always knows that the best service he can render his client will result to his own personal disadvantage. I am confident that the same principle controls in your profession, and I am convinced that the charge of lack of fidelity against your profession is just as unfounded as it is against mine; but as the personal advantage of the attorney may, unconsciously to him, influence him against his duty, by a force the more dangerous that it is insidious, so may it sometimes influence the physician in the same unknown and unappreciated way, and I am convinced that, with the result so serious and grave as surgery is, holding as it does the issues of life and death, not only should you refrain from either performing or profiting by an operation which you advise, but I further believe that no man who aspires to acquire surgical excellence should occupy the position of unbounded influence and implicit trust which is reposed in the family physician.

If a man aspires to become a surgeon, with the aspiration should come a renunciation of his general practice. Let surgical skill be gained only by apprenticeship to a surgeon, and not at all by experimentation upon one who comes, unarmed and unwarned, in reliance on judgment unclouded by ambition and uninfluenced by any consideration except perfect faithfulness. I consider the general practitioner who is ambitious for surgical excellence as seriously dangerous to his patients—dangerous because he is immune from arrest or any sanction of the law or of society.

The general public has a right to be protected from such a one, and no man should be permitted to assassinate his trusting patient in order that he may ultimately reach a position of prominence and skill.

Every general practitioner has a direct interest in seeing that the public are protected in this matter. His reputation and standing are deeply involved. The doctors, like the lawyers, are judged by the most censurable of their profession, and all are concerned.

Be not deceived by the fact that you do not feel any improper bias, but remembering that the unfelt bias is the most dangerous, because no counteracting influence ever is or can be set in force against it, and remembering further that implicit confidence in our family physician is one of the fundamental requisites of the discharge of your great calling, take such course that the reputation of your profession shall remain like Caesar's wife.—Medical Sentinel.

NEWS ITEMS.

Dr. J. B. Baker has changed his address from San Francisco to Upper Lake, California.

Dr. Judson Liftchild has changed his address from Ukiah, California, to 1060 Pine Street, San Francisco.

A joint meeting of the Los Angeles County Homeopathic and Eclectic Societies was held on February 17th, at the Times Bldg., Los Angeles. There was a good attendance and two very interesting papers were read on Gelsemium, which will probably be published in a later issue of the Journal.

At the meeting of the State Medical Board at Sacramento the following officers were chosen: President, Dr. A. M. Smith, Oakland; Vice-President, Dr. Percy Phillips, Santa Cruz; Secretary and Treasurer, Dr. C. B. Pinkham, San Francisco.

Dr. O. C. Welbourn, Los Angeles, was in Santa Barbara last month on professional business.

The State Board of Medical Examiners has decided that it will not ask the Legislature for any changes at this session in the medical practice act, under which the board exercises its jurisdiction and under which the general regulation of medical practice is maintained in California. The board went over the law, according to its chairman, Dr. A. M. Smith, and reached the decision that no new legislation was required at this time.

LIBRADOL IN PAIN.

Within the past ten days, more than two hundred reports have been received from physicians commendatory of Libradol. Of these we introduce three, not more laudatory than are the others, and append two that have been previously printed.—L. B.

First Letter—A Physician's Question.

My son, (a physician), has an aggravated case of arthritis at his ankle joint and the arch of his foot. I succeeded (in connection with a brother physcian) in reducing the effusion, but the pain still remains, after trying colchicum, gelsemium, salicylates, etc. [Names of Agents supplying Libradol were sent the correspondent, who wished to try Libradol.—L. B.]

Second Letter from the Same Physician.

Libradol has well done its duty. It proved just what the profession claims for it. The arthritis in my son's foot has disappeared, and he is pleased beyond measure. I am writing this at his dictation.

From a Physician in a Large American City.

A few weeks ago a lady about forty years of age called on us to see if we could do anything to relieve her misery. She had deformed joints from which she was suffering agonies. She said that for fifteen years she had traveled from one end of the country to the other, had visited mud baths, hot springs and various sanitaria to obtain relief, but without any apparent success. I told her I could do nothing unless it was to relieve her pain, as she had rheumatoid arthritis-deformans as well as inflammation of the nerve sheaths. She gave no specific history and my test proved that nothing specific caused the trouble. The condition arose after a long siege of "Mississippi malaria."

Physicians had used all kinds of vaccines and hypodermics until they had lost their effect. I gave her powerful light and heat treatment for several days which seemed to relieve the pain, but every night one or two joints would swell and pain her so that she could not sleep. It came near driving her insane. I took a box of full strength Libradol, which I always keep on hand for emergencies, spread it on parchment paper and put it over the inflamed joints. The next morning she reported that she had received more comfort from that than anything else she had ever used. She reports that it is the best pain reliever for her condition that she had ever tried.

I have found Libradol superior to various other applications and like it very much for any condition where an analgesic poultice is required.

"Cure" Due to Libradol.

The quickest result I ever obtained with Libradol, was with a boy who injured his right knee. The joint was swollen and stiffened; he was unable to bear his full weight on leg; condition chronic. Libradol, applied every night and removed during the day, *cured this case.* A number of physicians considered an operation necessary. The cure is due to Libradol.

Family Practice to Libradol's Credit.

"I was called to a patient suffering intensely from a painful affliction that another physician had failed to relieve. I spread Libradol at once over the seat of pain, and prescribed the indicated internal remedies. The patient was immediately relieved, and fell asleep before internal medication was instituted. Since that event I have been the physician of that family."

Another physician wrote:—

"The following is the experience of a patient suffering from facial neuralgia: Coal-tar products, nervines internally, and other processes had been utilized by the attendant physician, to no avail. I was called, and spread Libradol over the forehead and behind and below the ears. Within ten minutes relief followed, and in half an hour all pain had disappeared. The indicated Specific Medicines were now prescribed. There was no return of the neuralgic pain."

THE COMPOSITION OF LIBRADOL. This is expressed on every label, as follows: DRACONTIUM, SANGUINARIA, CEPHÆLIS, MELALEUCA, LOBELIA, LAURUS, CAPSICUM, TOBACCO—¼ GRAIN ALKALOIDS TO OUNCE.

Over three hundred jobbing druggists and agents carry stock of Libradol.

Prices:	¼ lb.	½ lb.	1 lb.	Hospital Size
	$0.45	$0.80	$1.50	$6.50

FELLOWS'
Compound Syrup
of Hypophosphites

1866—1916

Not a new-born prodigy or an untried experiment, but a remedy whose usefulness has been fully demonstrated during half a century of clinical application.

For 50 Years The Standard

℞ Syr. Hypophos. Comp. FELLOWS'

Reject < Cheap and Inefficient Substitutes
Preparations "Just as Good"

THE FELLOWS
MEDICAL MANFG. CO. LTD.
26 CHRISTOPHER ST.
NEW YORK

Table of Contents

INDEX TO ADVERTISERS